

OFFICIAL

Revision: HCFA-AT-81-34 (BPP)

10-81

State \_\_\_\_\_

Citation

42 CFR 447.10(c)  
AT-78-90  
46 FR 42699

4.21 Prohibition Against Reassignment of  
Provider Claims

Payment for Medicaid services  
furnished by any provider under this  
plan is made only in accordance with  
the requirements of 42 CFR 447.10.

RECEIVED  
DEC 31 12 47 PM '81  
Administrative

TN # 81-31  
Supersedes  
TN # \_\_\_\_\_

Approval Date 1/26/82Effective Date 10/1/81